

April 30, 2013

Montana Health Care Programs Notice

Physician, Mid-Level Practitioner, FQHC, RHC, and IHS Providers

Passport to Health Disenrollment Requirements for Providers Disenrolling a Member

Below are requirements for providers who are disenrolling a Passport to Health member.

Disenrollment Process

When disenrolling a Passport to Health member, a provider must:

1. Send written notification to the member.
2. Mail or fax a copy of that member notification to Xerox – Passport to Health.

Passport to Health Program
P.O. Box 254
Helena, MT 59624-0254
Fax: 406-442-2328

The provider's 30-day care obligation does not start until a copy of the written notification is received by Xerox – Passport to Health.

Disenrollment Letter

At a minimum, the disenrollment letter must:

1. Identify the member as your Passport patient.
2. Specify the reason for disenrollment as due to one or more of the following:
 - The provider-patient relationship is mutually unacceptable.
 - Member has not established care.
 - Member seeking primary care elsewhere.
 - Member fails to follow prescribed treatment.
 - Member is abusive.
 - Member could be better treated by a different type of provider, and a referral process is not feasible.
 - Member consistently fails to show up for appointments.
3. Indicate notification of continuing care. The provider will continue to provide care, whether direct care or referrals, for 30 days from the date the letter is received by Xerox – Passport to Health.

Sample Disenrollment Letter

Dear Medicaid Member:

This is a letter to notify you that we are disenrolling you as our Passport patient due to consistently seeking primary care elsewhere.

We will continue to provide you care or referrals for care for the next 30 days as you transition to a new provider.

Sincerely,

Primary Care Clinic

Contact Information

If you have any questions, please contact the Passport Provider Lead at (406) 457-9558.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.